

Paratransit Application Form
Please return to: City of Fremont Paratransit Program
3300 Capitol Avenue | P.O. Box 5006, Fremont, CA 94537-5006
Phone: (510) 574-2053 | Fax: (510) 574-2054

Last Name	First Name	Middle Initial			
Daytime Phone: ()	Cell Phone	: ()			
Evening Phone: ()	TDD/TTY: (	)			
Home Address:  Street Address	Apt. # City	Zip Code			
Name of Housing Facility (if applicable		·			
Soc. Security #:					
Do you manage your own affairs a lf "No", to whom should important	correspondence be mailed	?			
Name:					
Daytime phone: ()	Cell or Evening ph	one: ()			
Mailing Address: (if different from above) Street Address or PO Bo	x Apt. # City	State Zip Code			
1. Are you on any of the following					
Supplemental Security Income		•			
Cash Assistance Program for I	mmigrants (CAPI)	CalWorks			
2. Gross Individual Monthly Incom	ne:				
3. Gross Household Monthly Inco	me: # o	# of people in household:			
4. What is your living arrangemen	t? Live alone	Live w/ spouse/partner			
Live with adult children	Live in a skilled nursing	g facility/nursing home			
Live in assisted living/reside	ential care home	Other:			
5. What is your race/ethnicity?	African American	Asian/Pacific Islander			
Caucasian	Hispanic/Latino	Native American			
6. What language(s) do you speak					
· · ·	Other Language(s):				

7.	•	How do you currently travel to your most frequent destinations? (Check all that apply)							
	•	East Bay Paratransit, W			•	ratransit)			
	•	Someone drives me			Taxi				
8.	Have you been certified as eligible for rides with an ADA paratransit service (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)?								
	Fully eligible	Conditionally eligible	Rider Identifica	tion #:					
	Not eligible/Denied	Have not applied	Don't know						
9.	Do you use any of the f	ollowing mobility aids	or specialized ed	quipmen	nt?				
	Cane	White Cane	Walker						
	Manual Wheelchair	Power Wheelchair	Power Scoot	er					
	Service Animal	Portable Oxygen Tank	Other:						
10	. Do you need a wheelc	hair lift to get in and ou	it of a vehicle?	Yes	No	Don't know			
11	. Do you typically travel	with assistance from a	another person?	Yes	No				
40	. Please describe your o				-: 1	41-1-			
13	. Is the above condition	you describe: Perm	anent Tempo	rary unti	l:				
14	. Emergency Contact Pe	erson:							
	Relationship to you:	Day	rtime phone: (	)					
	Cell phone: ()								
	. If you need future info which format you prefe ertify that the information in	er: Large Print Au	ıdiotape Braille	CE	)/Electro	onic File			
the wit	e information will result in de th East Bay Paratransit, Who plication information will be equest will be disclosed to th	nial of service. I give the C eels Dial-A-Ride or Union C kept confidential, and only	City permission to ve City Paratransit.  I ui the information requ	erify whet nderstand	her I am d that all	enrolled			
Аp	pplicant's Signature:		Da	ate:					
Pe	erson who assisted vou wi	th application/Phone #:							